

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code	178004
<015> Study Area Name	NEP Cellcorp, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Rick Kulasinsky
<035> Contact Telephone Number: Number of the person identified in data line <030>	5707853131 ext.
<039> Contact Email: Email of the person identified in data line <030>	rk@nep.net

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040> <input checked="" type="radio"/> <input type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041> <input type="text" value="Form481NEPCellcorpInci78004.pdf"/>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042> <input type="text" value="179010"/>
<043> Cite the date of the Form 481 reporting	<043> <input type="text" value="07/01/2014"/>
<050> Carrier Contact Information (has the contact info. changed since prior filing? Yes or No)	<050> <input type="radio"/> <input checked="" type="radio"/>
(If yes, complete the attached worksheet)	
<060> Coverage and Performance Report (complete attached worksheet)	<060> <input checked="" type="checkbox"/>
<070> Urban Rate Comparability Certification (complete attached certification)	<070> <input checked="" type="checkbox"/>
<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)	<080> <input type="radio"/> <input checked="" type="radio"/>
(If yes, complete the attached worksheet)	
<090> Project Update Information (complete attached worksheet)	<090> <input checked="" type="checkbox"/>
<100> Certifications	
<101> Reporting Carrier Certification (complete attached certification)	<101> <input checked="" type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102> <input type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	
<111>	Filing Carrier Name	
<112>	Winning Bidder Carrier Name	
<113>	Street Address (or PO Box)	
<114>	City	
<115>	State	
<116>	Zip-Code	
<117>	Telephone Number	
<118>	Fax Number	
<119>	Email Address	

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Filing Carrier Name	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

Authorized Agent Information

if no agent, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

Name of Attached Document (.zip)

Page 3

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NEP Cellcorp, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/31/2014
Printed name of Authorized Officer:	Rick Kulasinsky
Title or position of Authorized Officer:	Wireless Engineering and Operations Manager
Telephone number of Authorized Officer:	5707853131 ext.
Study Area Code of Reporting Carrier:	178004 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- | <p><146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;</p> <p><147> Feasibility and sustainability planning;</p> <p><148> Marketing services in a culturally sensitive manner;</p> <p><149> Compliance with Rights of way processes</p> <p><150> Compliance with Land Use permitting requirements</p> <p><151> Compliance with Facilities Siting rules</p> <p><152> Compliance with Environmental Review processes</p> <p><153> Compliance with Cultural Preservation review processes</p> <p><154> Compliance with Tribal Business and Licensing requirements.</p> | <table border="1" style="border-collapse: collapse; width: 100%;"> <thead> <tr> <th>Select
(Yes, No, NA)</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table> | Select
(Yes, No, NA) | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|--|--|--|--|--|--|--|--|
| Select
(Yes, No, NA) | | | | | | | | | | | |
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<200>	Date Authorized to Receive Support	<input type="text" value="04/26/2013"/>
<201>	Targeted Completion Date	<input type="text" value="04/26/2016"/>
<202>	Total Mobility Fund Support Awarded	<input type="text" value="1602179.2"/>
<203>	Total Mobility Fund Support Disbursed	<input type="text" value="534059.73"/>
<204>	Support Applied to Network Design	<input type="text"/>
<205>	Support Applied to Construction	<input type="text"/>
<206>	Support Applied to Deployment	<input type="text"/>
<207>	Support Applied to Maintenance	<input type="text"/>
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<210>	Actual Completion Date	<input type="text" value="04/26/2016"/>
<211>	Project Status Description (attached)	<input type="text" value="178004_PSD_PA.pdf"/> {Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NEP Cellcorp, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Rick Kulasinsky
Title or position of Authorized Officer:	Wireless Engineering and Operations Manager
Telephone number of Authorized Officer:	5707853131 ext.
Study Area Code of Reporting Carrier:	178004
Filing Due Date for this form:	07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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Attachments

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 <140> Coverage and Performance Report Year 06/2013 - 07/2014

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
	PA	Wayne	421279601002029	0	0	0	0.22	0.0	0.0	Yes	No	No
	PA	Wayne	421279601001068	0	0	0	1.32	0.0	0.0	No	No	No
	PA	Wayne	421279601001087	0	0	0	0.01	0.0	0.0	No	No	No
	PA	Wayne	421279601001115	0	0	0	0.07	0.0	0.0	No	No	No
	PA	Wayne	421279601002038	0	0	0	0.48	0.0	0.0	No	No	No
	PA	Wayne	421279601001110	0	0	0	0.03	0.0	0.0	No	No	No
	PA	Wayne	421279601001084	0	0	0	3.12	0.0	0.0	No	No	No
	PA	Wayne	421279601001131	0	0	0	0.47	0.0	0.0	No	No	No
	PA	Wayne	421279601001002	0	0	0	1.28	0.0	0.0	No	No	No
	PA	Wayne	421279601002094	0	0	0	0.03	0.0	0.0	No	No	No
	PA	Wayne	421279601001132	0	0	0	0.61	0.0	0.0	No	No	No
	PA	Wayne	421279601002065	0	0	0	0.17	0.0	0.0	No	No	No
	PA	Wayne	421279601002082	0	0	0	0.02	0.0	0.0	No	No	No
	PA	Wayne	421279601002027	0	0	0	0.37	0.0	0.0	No	No	No
	PA	Wayne	421279601002034	0	0	0	1.43	0.0	0.0	No	No	No
	PA	Wayne	421279601001014	0	0	0	0.28	0.0	0.0	No	No	No
	PA	Wayne	421279601002040	0	0	0	4.56	0.0	0.0	No	No	No
	PA	Wayne	421279601002026	0	0	0	0.73	0.0	0.0	No	No	No
	PA	Wayne	421279601001026	0	0	0	1.31	0.0	0.0	No	No	No
	PA	Wayne	421279601001027	0	0	0	0.5	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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<01>	<02>	<03>	<04>	<05>	<06>	<07>	<08>	<09>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279601001072	0	0	0	0.43	0.0	0.0	No	No	No
PA	Wayne	421279601002121	0	0	0	5.01	0.0	0.0	No	No	No
PA	Wayne	421279601001108	0	0	0	2.36	0.0	0.0	No	No	No
PA	Wayne	421279601002081	0	0	0	1.16	0.0	0.0	No	No	No
PA	Wayne	421279601001040	0	0	0	0.31	0.0	0.0	No	No	No
PA	Wayne	421279601001133	0	0	0	2.33	0.0	0.0	No	No	No
PA	Wayne	421279601001136	0	0	0	2.49	0.0	0.0	No	No	No
PA	Wayne	421279601001025	0	0	0	5.02	0.0	0.0	No	No	No
PA	Wayne	421279601002075	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001162	0	0	0	0.18	0.0	0.0	No	No	No
PA	Wayne	421279601001135	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279601002053	0	0	0	2.74	0.0	0.0	No	No	No
PA	Wayne	421279601001052	0	0	0	0.02	0.0	0.0	No	No	No
PA	Wayne	421279601001123	0	0	0	0.47	0.0	0.0	No	No	No
PA	Wayne	421279601001158	0	0	0	0.22	0.0	0.0	No	No	No
PA	Wayne	421279601001008	0	0	0	0.43	0.0	0.0	No	No	No
PA	Wayne	421279601001146	0	0	0	0.21	0.0	0.0	No	No	No
PA	Wayne	421279601001043	0	0	0	2.26	0.0	0.0	No	No	No
PA	Wayne	421279601001034	0	0	0	0.63	0.0	0.0	No	No	No
PA	Wayne	421279601001006	0	0	0	2.81	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
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PA	Wayne	421279601002110	0	0	0	0.28	0.0	0.0	No	No	No
PA	Wayne	421279601001157	0	0	0	0.36	0.0	0.0	No	No	No
PA	Wayne	421279601001021	0	0	0	0.29	0.0	0.0	No	No	No
PA	Wayne	421279601001004	0	0	0	0.8	0.0	0.0	No	No	No
PA	Wayne	421279601002039	0	0	0	0.47	0.0	0.0	No	No	No
PA	Wayne	421279601001113	0	0	0	0.25	0.0	0.0	No	No	No
PA	Wayne	421279601002100	0	0	0	0.55	0.0	0.0	No	No	No
PA	Wayne	421279601001160	0	0	0	0.25	0.0	0.0	No	No	No
PA	Wayne	421279601002147	0	0	0	0.38	0.0	0.0	No	No	No
PA	Wayne	421279601002050	0	0	0	0.11	0.0	0.0	No	No	No
PA	Wayne	421279601002078	0	0	0	0.13	0.0	0.0	No	No	No
PA	Wayne	421279601001026	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279601002080	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001007	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279601001074	0	0	0	0.47	0.0	0.0	No	No	No
PA	Wayne	421279601002063	0	0	0	0.43	0.0	0.0	No	No	No
PA	Wayne	421279601002098	0	0	0	0.74	0.0	0.0	No	No	No
PA	Wayne	421279601002128	0	0	0	1.52	0.0	0.0	No	No	No
PA	Wayne	421279601001116	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279601001102	0	0	0	0.19	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

(060) Coverage and Performance Report

FCC Form E90
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 <140> Coverage and Performance Report Year 06/2013 - 07/2014

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279601002074	0	0	0	8.77	0.0	0.0	No	No	No
PA	Wayne	421279601001154	0	0	0	1.37	0.0	0.0	No	No	No
PA	Wayne	421279601002142	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279601002067	0	0	0	0.67	0.0	0.0	No	No	No
PA	Wayne	421279601001039	0	0	0	3.32	0.0	0.0	No	No	No
PA	Wayne	421279601001060	0	0	0	0.05	0.0	0.0	No	No	No
PA	Wayne	421279601001109	0	0	0	0.38	0.0	0.0	No	No	No
PA	Wayne	421279601002125	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601002114	0	0	0	0.2	0.0	0.0	No	No	No
PA	Wayne	421279601001081	0	0	0	0.18	0.0	0.0	No	No	No
PA	Wayne	421279601001086	0	0	0	0.52	0.0	0.0	No	No	No
PA	Wayne	421279601002106	0	0	0	0.33	0.0	0.0	No	No	No
PA	Wayne	421279601001161	0	0	0	0.22	0.0	0.0	No	No	No
PA	Wayne	421279601001155	0	0	0	1.38	0.0	0.0	No	No	No
PA	Wayne	421279601001167	0	0	0	0.42	0.0	0.0	No	No	No
PA	Wayne	421279601001058	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279601002096	0	0	0	0.02	0.0	0.0	No	No	No
PA	Wayne	421279601001130	0	0	0	2.77	0.0	0.0	No	No	No
PA	Wayne	421279601001153	0	0	0	0.52	0.0	0.0	No	No	No
PA	Wayne	421279601002097	0	0	0	0.12	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

(060) Coverage and Performance Report

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185

<010> Study Area Code 178004
 <015> Study Area Name NEP Cellcorp, Inc.
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net
 <140> Coverage and Performance Report Year 06/2013 - 07/2014

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279601001031	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001005	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001012	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601002116	0	0	0	0.27	0.0	0.0	No	No	No
PA	Wayne	421279601001079	0	0	0	0.05	0.0	0.0	No	No	No
PA	Wayne	421279601002077	0	0	0	0.02	0.0	0.0	No	No	No
PA	Wayne	421279601002035	0	0	0	0.18	0.0	0.0	No	No	No
PA	Wayne	421279601001054	0	0	0	0.27	0.0	0.0	No	No	No
PA	Wayne	421279601001106	0	0	0	0.26	0.0	0.0	No	No	No
PA	Wayne	421279601001119	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279601002033	0	0	0	1.4	0.0	0.0	No	No	No
PA	Wayne	421279601001013	0	0	0	0.33	0.0	0.0	No	No	No
PA	Wayne	421279601001069	0	0	0	0.85	0.0	0.0	No	No	No
PA	Wayne	421279601001147	0	0	0	0.73	0.0	0.0	No	No	No
PA	Wayne	421279601002119	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001104	0	0	0	0.02	0.0	0.0	No	No	No
PA	Wayne	421279601001024	0	0	0	0.19	0.0	0.0	No	No	No
PA	Wayne	421279601001038	0	0	0	1.28	0.0	0.0	No	No	No
PA	Wayne	421279601001149	0	0	0	0.04	0.0	0.0	No	No	No
PA	Wayne	421279601001022	0	0	0	0.01	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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 <015> Study Area Name NEP Cellcorp, Inc.
 <020> Program Year 2014
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 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net
 <140> Coverage and Performance Report Year 06/2013 - 07/2014

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PA	Wayne	421279601002103	0	0	0	0.07	0.0	0.0	No	No	No
PA	Wayne	421279601002073	0	0	0	0.33	0.0	0.0	No	No	No
PA	Wayne	421279601001076	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279601002052	0	0	0	0.95	0.0	0.0	No	No	No
PA	Wayne	421279601001017	0	0	0	4.76	0.0	0.0	No	No	No
PA	Wayne	421279601001127	0	0	0	0.29	0.0	0.0	No	No	No
PA	Wayne	421279601001128	0	0	0	0.46	0.0	0.0	No	No	No
PA	Wayne	421279601002105	0	0	0	0.08	0.0	0.0	No	No	No
PA	Wayne	421279601001125	0	0	0	1.09	0.0	0.0	No	No	No
PA	Wayne	421279601002118	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001010	0	0	0	0.02	0.0	0.0	No	No	No
PA	Wayne	421279601001029	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001121	0	0	0	0.16	0.0	0.0	No	No	No
PA	Wayne	421279601002066	0	0	0	0.31	0.0	0.0	No	No	No
PA	Wayne	421279601001080	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279601001117	0	0	0	0.16	0.0	0.0	No	No	No
PA	Wayne	421279601001107	0	0	0	0.31	0.0	0.0	No	No	No
PA	Wayne	421279601001071	0	0	0	0.12	0.0	0.0	No	No	No
PA	Wayne	421279601001062	0	0	0	0.06	0.0	0.0	No	No	No
PA	Wayne	421279601001018	0	0	0	0.01	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

<010> Study Area Code 178004
 <015> Study Area Name NEP Cellcorp, Inc.
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 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky
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 <140> Coverage and Performance Report Year 06/2013 - 07/2014

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PA	Wayne	421279601001105	0	0	0	1.44	0.0	0.0	No	No	No
PA	Wayne	421279601002037	0	0	0	0.63	0.0	0.0	No	No	No
PA	Wayne	421279601001057	0	0	0	0.85	0.0	0.0	No	No	No
PA	Wayne	421279601001095	0	0	0	1.58	0.0	0.0	No	No	No
PA	Wayne	421279601001169	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601002064	0	0	0	0.29	0.0	0.0	No	No	No
PA	Wayne	421279601001064	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279601001051	0	0	0	0.95	0.0	0.0	No	No	No
PA	Wayne	421279601001028	0	0	0	0.25	0.0	0.0	No	No	No
PA	Wayne	421279601001111	0	0	0	2.97	0.0	0.0	No	No	No
PA	Wayne	421279601002070	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001090	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601002144	0	0	0	0.59	0.0	0.0	No	No	No
PA	Wayne	421279601001091	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001048	0	0	0	1.73	0.0	0.0	No	No	No
PA	Wayne	421279601002139	0	0	0	0.88	0.0	0.0	No	No	No
PA	Wayne	421279601002120	0	0	0	0.82	0.0	0.0	No	No	No
PA	Wayne	421279601001055	0	0	0	9.36	0.0	0.0	No	No	No
PA	Wayne	421279601001065	0	0	0	1.31	0.0	0.0	No	No	No
PA	Wayne	421279601001035	0	0	0	0.49	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 178004
 <015> Study Area Name NEP Cellcorp, Inc.
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 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky
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 <140> Coverage and Performance Report Year 06/2013 - 07/2014

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279601001023	0	0	0	1.34	0.0	0.0	No	No	No
PA	Wayne	421279601001033	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001082	0	0	0	0.39	0.0	0.0	No	No	No
PA	Wayne	421279601002021	0	0	0	5.96	0.0	0.0	No	No	No
PA	Wayne	421279601001030	0	0	0	2.0	0.0	0.0	No	No	No
PA	Wayne	421279601001168	0	0	0	0.16	0.0	0.0	No	No	No
PA	Wayne	421279601001053	0	0	0	0.21	0.0	0.0	No	No	No
PA	Wayne	421279601001067	0	0	0	0.02	0.0	0.0	No	No	No
PA	Wayne	421279601002146	0	0	0	0.18	0.0	0.0	No	No	No
PA	Wayne	421279601002024	0	0	0	0.85	0.0	0.0	No	No	No
PA	Wayne	421279601002061	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001129	0	0	0	0.48	0.0	0.0	No	No	No
PA	Wayne	421279601002076	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001073	0	0	0	1.71	0.0	0.0	No	No	No
PA	Wayne	421279601002028	0	0	0	0.56	0.0	0.0	No	No	No
PA	Wayne	421279601001046	0	0	0	0.35	0.0	0.0	No	No	No
PA	Wayne	421279601001112	0	0	0	0.24	0.0	0.0	No	No	No
PA	Wayne	421279601002127	0	0	0	0.02	0.0	0.0	No	No	No
PA	Wayne	421279601002117	0	0	0	0.65	0.0	0.0	No	No	No
PA	Wayne	421279601001122	0	0	0	0.13	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

<010> Study Area Code 178004
 <015> Study Area Name NEP Cellcorp, Inc.
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 <140> Coverage and Performance Report Year 06/2013 - 07/2014

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Wayne	421279601002086	0	0	0	1.44	0.0	0.0	No	No	No
PA	Wayne	421279601002060	0	0	0	1.71	0.0	0.0	No	No	No
PA	Wayne	421279601001044	0	0	0	0.05	0.0	0.0	No	No	No
PA	Wayne	421279601001150	0	0	0	0.05	0.0	0.0	No	No	No
PA	Wayne	421279601002043	0	0	0	0.18	0.0	0.0	No	No	No
PA	Wayne	421279601002143	0	0	0	0.41	0.0	0.0	No	No	No
PA	Wayne	421279601001042	0	0	0	0.2	0.0	0.0	No	No	No
PA	Wayne	421279601002115	0	0	0	0.04	0.0	0.0	No	No	No
PA	Wayne	421279601001163	0	0	0	0.12	0.0	0.0	No	No	No
PA	Wayne	421279601002126	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001056	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279601001096	0	0	0	2.7	0.0	0.0	No	No	No
PA	Wayne	421279601001138	0	0	0	0.04	0.0	0.0	No	No	No
PA	Wayne	421279601001059	0	0	0	0.31	0.0	0.0	No	No	No
PA	Wayne	421279601001166	0	0	0	0.39	0.0	0.0	No	No	No
PA	Wayne	421279601001093	0	0	0	0.23	0.0	0.0	No	No	No
PA	Wayne	421279601002072	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601002030	0	0	0	0.47	0.0	0.0	No	No	No
PA	Wayne	421279601002055	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601002111	0	0	0	0.43	0.0	0.0	No	No	No

Percentage of
Total Population
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Service

Percentage of Total
Road Miles covered
by Service

(060) Coverage and Performance Report

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OMB Control No. 3060-1185

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PA	Wayne	421279601001045	0	0	0	3.56	0.0	0.0	No	No	No
PA	Wayne	421279601002149	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001148	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279601001159	0	0	0	0.25	0.0	0.0	No	No	No
PA	Wayne	421279601001103	0	0	0	0.64	0.0	0.0	No	No	No
PA	Wayne	421279601002071	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601002054	0	0	0	1.32	0.0	0.0	No	No	No
PA	Wayne	421279601001009	0	0	0	0.53	0.0	0.0	No	No	No
PA	Wayne	421279601001124	0	0	0	0.19	0.0	0.0	No	No	No
PA	Wayne	421279601001151	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279601002062	0	0	0	0.56	0.0	0.0	No	No	No
PA	Wayne	421279601002108	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279601002023	0	0	0	0.24	0.0	0.0	No	No	No
PA	Wayne	421279601001070	0	0	0	2.9	0.0	0.0	No	No	No
PA	Wayne	421279601001118	0	0	0	0.44	0.0	0.0	No	No	No
PA	Wayne	421279601001016	0	0	0	0.87	0.0	0.0	No	No	No
PA	Wayne	421279601002092	0	0	0	0.03	0.0	0.0	No	No	No
PA	Wayne	421279601002101	0	0	0	1.34	0.0	0.0	No	No	No
PA	Wayne	421279601001015	0	0	0	0.15	0.0	0.0	No	No	No
PA	Wayne	421279601001165	0	0	0	0.35	0.0	0.0	No	No	No

Percentage of
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Service

Percentage of Total
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by Service

(060) Coverage and Performance Report

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PA	Wayne	421279601002069	0	0	0	0.13	0.0	0.0	No	No	No
PA	Wayne	421279601002051	0	0	0	0.17	0.0	0.0	No	No	No
PA	Wayne	421279601002091	0	0	0	0.14	0.0	0.0	No	No	No
PA	Wayne	421279601001099	0	0	0	0.67	0.0	0.0	No	No	No
PA	Wayne	421279601002089	0	0	0	0.19	0.0	0.0	No	No	No
PA	Wayne	421279601002130	0	0	0	1.84	0.0	0.0	No	No	No
PA	Wayne	421279601001085	0	0	0	0.64	0.0	0.0	No	No	No
PA	Wayne	421279601002085	0	0	0	3.07	0.0	0.0	No	No	No
PA	Wayne	421279601001083	0	0	0	0.01	0.0	0.0	No	No	No
PA	Wayne	421279601001101	0	0	0	0.11	0.0	0.0	No	No	No
PA	Wayne	421279601001019	0	0	0	0.2	0.0	0.0	No	No	No
PA	Wayne	421279601001164	0	0	0	0.1	0.0	0.0	No	No	No
PA	Wayne	421279601002048	0	0	0	0.43	0.0	0.0	No	No	No
PA	Wayne	421279601002049	0	0	0	6.3	0.0	0.0	No	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
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0